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**This Booklet Is For Your Reference  
Do Not Throw It Away**

**Handbook of Workmen's  
Compensation Act  
and  
Occupational Disease Act  
of the  
State of Montana**

**SAFETY**



**FIRST**

**INDUSTRIAL ACCIDENT BOARD  
Helena, Montana**

**ROBERT F. SWANBERG, Chairman**

**1967**

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**INDUSTRIAL ACCIDENT BOARD**  
Helena, Montana

ROBERT F. SWANBERG, Chairman

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This pamphlet is for the assistance of employers and employees in making reports and claims for benefits of the Workmen's Compensation Act and Occupational Disease Act of Montana.

The Industrial Accident Board has found that many employers and employees do not know their rights and obligations under the Act. It is hoped that by reference to this pamphlet, unnecessary correspondence and delay in the handling of claims will be avoided. The board wishes to dispose promptly of all claims and invites inquiry whenever there is delay for any reason.

ROBERT F. SWANBERG  
Chairman

## WHAT TO DO IN CASE OF AN INDUSTRIAL ACCIDENT

1. Report all accidental injuries to your employer or supervisor **immediately. DO NOT DELAY.** A seemingly unimportant accident can cause major disability.
2. Report to a doctor or aid station promptly for treatment.
3. If you lose time, file your Claim for Compensation. If you do not lose time but your injury does not heal, file your Claim anyway to protect your right to benefits.

Blanks for claims may be obtained at any court house or may be had from the board or insurance carrier.

4. **NOTICE**—No claim is compensable unless filed within **one year** after the accident. **All accidental injuries must be reported within sixty (60) days. Disability resulting from occupational disease must be reported within 30 days.**
5. Address all communications to:

Industrial Accident Board  
Helena, Montana

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### TO THE EMPLOYER

1. All accidental injuries must be reported to the board or your insurance carrier promptly on Form 37, Employers First Report of Injury.
2. In case there is doubt that an accident has happened, explain fully, using the reverse side of the form if necessary. The filing of this report does not necessarily constitute an admission of a compensable accidental injury. It is for the use of the board and insurance carrier in evaluating claims.
3. Keep notice of coverage under the Act posted conspicuously at your place of business.
4. Report all fatal injuries immediately to the board and advise if there are known beneficiaries.



## WHAT THE ACT COVERS

1. The Workmen's Compensation Act of Montana applies to all injuries to employees, resulting from accidents arising out of and in the course of employment.
2. It does not cover injuries that occur while the employee is on his way to work, or on the way home after work, unless the employee is engaged in the performance of a duty for the employer.
3. Accidental injuries resulting in hernia, and back strain are covered.
4. The Occupational Disease Act covers certain listed diseases resulting from exposure to several chemical substances while employed.

## BENEFITS

1. These benefits apply only to accidents happening after July 1, 1967.

	Maximum Per Week	Percent Of Wages
Workman, single .....	\$37.00	50
Workman and wife .....	\$40.00	55
Workman and wife and 1 child.....	\$45.00	60
Workman, wife and 2 children .....	\$50.00	62½
Workman, wife and 3 children .....	\$55.00	65
Workman, wife and 4 or more .....	\$60.00	66⅔

2. **Temporary total disability.** Compensation is payable for a maximum period of 300 weeks.
3. **Permanent total disability.** Compensation is payable for a maximum period of 500 weeks from the date of the accident.
4. **Partial permanent disability.** Compensation is payable for a maximum period of 500 weeks, subject, however, to the following limits:
  - (a) In case of injury to an arm or leg it does not exceed the compensation payable for the complete loss of that member of the body (arm or leg) which is causing the disability.

Thus, if you injure your arm and are partially disabled, you may draw compensation only to the extent that you would if you had lost the arm completely, that is, 280 weeks.

(b) In cases of temporary partial disability it does not exceed 50 weeks.

(c) The weekly compensation for partial disability is based on the percentage of difference between your wages at the time of injury and the wages you are able to earn thereafter. Example: If you were earning \$100.00 a week straight time at the time of your injury and your injury reduces your wages to \$80.00 per week, and you are married and have one child, your compensation is 60 percent of the difference—\$12.00 per week.

5. **Death benefits** to widows and children are payable at the rates shown in the table for a maximum period of 600 weeks from the date of accident, and is subject to the following limits:

(a) If a widow without children under 18 dies or remarries, compensation ceases.

(b) When a child reaches the age of 18, he or she ceases to be a beneficiary and compensation is reduced to the next lower bracket shown in the table.

	Maximum per Week	Percent Of Wages
Widow .....	\$37.00	50
Widow and 1 child .....	\$40.00	55
Widow and 2 children .....	\$45.00	60
Widow and 3 children .....	\$50.00	62½
Widow and 4 children .....	\$55.00	65
Widow and 5 children or more .....	\$60.00	66⅔

6. **Death benefits to dependents other than widows and children** are payable for a maximum period of 600 weeks from the date of the accident. The compensation payable cannot exceed the amount actually contributed by the deceased to the support of such dependents. Dependents are classed as major and minor.

(a) Major dependents (parents) are entitled to compensation if there are no widows and children as follows:

	Maximum Per Week	Percent Of Wages
One parent .....	\$37.00	50
Two parents .....	\$40.00	55

(b) Minor dependents (brothers and sisters under 18) are entitled to compensation if there are no widows, children or parents, as follows:

	Maximum Per Week	Percent Of Wages
1 minor dependent .....	\$38.00	30
2 minor dependents .....	\$40.00	35
3 or more dependents .....	\$50.00	40

7. In cases where there are no widow, children or major or minor dependents, the non-dependent parents of the deceased are entitled to a lump sum payment of \$3,000.00.

8. **Compensation for loss of members of the body** is payable according to the following table at the rates shown in the table on page three.

**For loss of:**

	No. Weeks
One arm at or near shoulder .....	280
One arm at the elbow .....	240
One arm between wrist and elbow .....	220
One hand .....	200
One thumb and the metacarpal bone thereof	75
One thumb at the proximal joint .....	37
One thumb at the second distal joint .....	25
One first finger and the metacarpal bone thereof .....	40
One first finger at the proximal joint .....	30
One first finger at the second joint .....	22
One first finger at the distal joint .....	15
One second finger and the metacarpal bone thereof .....	37
One second finger at the proximal joint .....	20
One second finger at the second joint .....	15
One second finger at the distal joint .....	8
One third finger and the metacarpal bone thereof .....	25
One third finger at the proximal joint .....	15
One third finger at the second joint .....	10
One third finger at the distal joint .....	5
One fourth finger at the metacarpal bone thereof .....	15
One fourth finger at the proximal joint .....	11
One fourth finger at the second joint .....	8
One fourth finger at the distal joint .....	6



One leg at or near the hip joint as to preclude the use of an artificial limb .....	300
One leg at or above the knee where stump remains sufficient to permit the use of an artificial limb .....	200
One leg between knee and ankle .....	190
One foot at the ankle .....	180
One great toe with the metatarsal bone thereof .....	37
One great toe at the proximal joint .....	18
One great toe at the second joint .....	12
One toe other than the great toe with the metatarsal bone thereof .....	16
One toe other than the great toe at the proximal joint .....	8
One toe other than the great toe at second or distal joint .....	5
One eye by enucleation .....	165
Total blindness of one eye .....	140
Total loss of hearing, one ear .....	40
Total loss of hearing, both ears .....	200

In cases of serious face, head or neck disfigurement, benefits may be awarded in a sum not exceeding \$2,500.00.

## MEDICAL AND HOSPITAL CARE

1. During the first 36 months following the accident you are entitled to hospital and medical care up to \$2,500.00.
2. If, after the sum of \$2,500.00 is exhausted, you are still disabled the board may grant additional amounts for medical and hospital treatment.
3. You are entitled to ambulance transportation from the scene of accident to the hospital, and later transfers to other hospitals.
4. You may go to any doctor or hospital you may choose unless your employer has a contract with a doctor and hospital to furnish medical and hospital care to his employees. You may go to a chiropractor.
5. You will normally be entitled to treatment by only one doctor at a time but your doctor may obtain the consent of the board or insurance carrier to refer you to a specialist.

6. If a doctor prescribes a back brace or other such appliance it will be paid for, but crutches, eye glasses and dentures lost or damaged are not provided.

### **DISPUTED CASES**

1. Whenever there is dispute over your right to receive compensation, you may request the Industrial Accident Board to hold a hearing at which time you may appear personally with witnesses.
2. If you hire an attorney to represent you, notice to that effect must be given to the board in writing, signed by you.
3. At your request, attorney's fees are subject to regulation and approval by the board. You should have a clear understanding with your attorney on what fee will be charged for representing you.
4. If, after hearing, you are dissatisfied with the board's order you have a right to appeal to the courts.

### **LUMP SUM PAYMENTS**

1. Lump sum payments are made only with the approval of the board.
2. Lump sums are subject to a discount of the amount of interest the sum would earn at 2 percent per year.
3. No lump sum will be approved until the time during which you will be entitled to draw compensation can be established with reasonable certainty and in no case where disability is temporary.
4. No lump sum payments are permitted in occupational disease cases.

### **APPLICATION FOR FURTHER COMPENSATION**

1. No claim for compensation can be finally closed without an order by the board.
2. If you receive a check with a final award notice, this does not mean that you are not entitled to further compensation. Cash the check and if you have further disability, notify the board.

3. When a final award of compensation is made, your case remains open for four (4) years. After the elapse of that time the award becomes final and cannot be changed. Compromise settlements are closed permanently at the time they are made and cannot be reopened or changed.

## **REHABILITATION**

In certain cases involving a permanent disability which prevents you from returning to your previous occupation, the services of the Division of Vocational Rehabilitation may be made available to retrain you for a new occupation. This will include school tuition, books, and up to a maximum of \$30.00 per week living expenses while away from home in training.

## **TRAVELING EXPENSES**

Traveling expenses to and from doctors offices are not furnished except in cases where the board directs you to some doctor selected to examine you. In that case, you will receive notice where to report and a check to cover your mileage and subsistence.

## **COMPENSATION INSURANCE PREMIUMS**

Workmen's compensation insurance is furnished and paid for by the employer. No employer may deduct any part of an employee's wages for this coverage, except where there is a contract to provide hospital and medical coverage between the employer and his employees.

If your employer is deducting any amount from your wages for compensation insurance, you should notify the board immediately.

**FOR FURTHER INFORMATION ABOUT  
WORKMEN'S COMPENSATION WRITE TO:**

**INDUSTRIAL ACCIDENT BOARD  
Helena, Montana**

10M 5-67 89632 REPORTER PRtg.











